



LVK Health Care Staffing Services LLC

APPLICANT INFORMATION

Name (Last, Middle, First)		Social Security No.		DOB
Present Address (If less than 5 years, complete previous address)		City	State	Zip Code
Previous Address		City	State	Zip Code
Phone No.		Alternate Phone No.		
Email Address		Are you eligible to work in the United States? ____ Yes ____ No		

Position:		Date available:	Are you currently Employed? ____ Yes ____ No	
Ever applied to this company before? ____ Yes ____ No When _____		May we contact your present employer? ____ Yes ____ No		
Have you ever worked or attended school under another name?		Are you 18 years of age or older?		Can you provide proof of age?

EDUCATION INFORMATION

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILL	
U.S. MILITARY OR NAVAL SERVICE	RANK

CRIMINAL HISTORY

Your answers to these questions will be checked against local, state, and federal records. Failure to answer these questions accurately could be sufficient grounds for dismissal.

HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY OR “NO CONTEST” (NOLO CONTENDERE) TO A CRIMINAL OFFENSE, REGARDLESS OF WHETHER ADJUDICATION WAS WITHHELD AND REGARDLESS OF WHETHER YOUR RECORD HAS BEEN SEALED. This question does not apply to expunged records. _____

Yes ____ No

DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING? ____ Yes ____ No

EMPLOYMENT HISTORY

Please include 7 years of employment history (required for background check). If you were a student, please write “student”. List most current first.

[illegible]

REFERENCES

LIST (3) THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NUMBER	# OF YEARS

Use the space below to summarize any additional information necessary to describe your qualifications for the position for which you are applying. You may also attach your resume.

[illegible]

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING
APPLICATION FORM WAIVER/RELEASE

At-Will. If I am employed at LVK Health Care Staffing Services, **I understand my employment is at-will and can be terminated with or without cause and with or without notice, at any time at the option of LVK Health Care Staffing Services or myself.** Only the Administrator of the company has the authority to make any agreement contrary to the foregoing, and then only in writing, signed by me and by the Administrator, which expressly refers to the alteration of my at-will employment status. I further expressly agree that, with respect to the at-will employment relationship, this application and the company's "At-Will" Employment Agreement constitutes the full, complete and final expression of the parties' of intent concerning the nature any employment relationship between me and the Company. My signature below certifies that I agree to be bound by the terms and conditions stated on this application. I understand that this application is not at contract.

_____ Initials

Application Disclosure and Release. I authorize investigation of all statements contained in this application and any attachment provided by me. **I understand that falsification, misrepresentation or omission of facts will result in removal of my application from consideration, or if employed, immediate termination.** I authorize LVK Health Care Staffing Services to secure information about my experience with former employers, education institutions and agencies and for those parties to provide information concerning my experience. I hereby release the Company and all of its employees and agents from all claims and liabilities arising from such investigation or supplying of information as part of such process. I further understand and agree that identifying this ground for termination in no way impliedly or expressly alters the at-will nature of my employment with LVK Health Care.

_____ Initials

Drug and Medical Testing and Consent. I also understand that **1.** The Company has a drug and alcohol policy that allows for pre-employment testing as well as testing after employment; **2.** Consent to and compliance with such policy is a condition of my employment; and **3.** Continued employment is based on the successful passing of any required testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

_____ Initials

Post Offer Medical Information and Release. I authorize the Company to obtain (post offer) a report containing Medical information about me from a consumer reporting to be used for employment purposes. I understand that if I am given a conditional offer of employment, I may be required to accurately and truthfully complete a post offer medical questionnaire and/or undergo a physical examination, including a drug screening exam and x-rays. I consent to the release to the company any and all medical information, as may be requested or required by the Company in judging my capability to do the work for which I am applying. I understand that all information will be kept confidential and in a separate file.

_____ Initials

Zero Tolerance Abuse Policy. This organization has adopted a "**Zero Tolerance**" policy to ensure that any allegations of mistreatment, neglect or abuse as well as injuries of unknown origin are reported immediately to Director, Administrator and/or other officials in accordance with the law. Zero Tolerance implies that termination from employment will occur and criminal prosecution will possibly be sought against perpetrators of proven cases, including staff who fail to immediately report such an incident.

_____ Initials

APPLICANT'S ACKNOWLEDGMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge and that, if employed, based on falsified statements on this application it shall be grounds for dismissal.

If employed by LVK Health Care Staffing Services, I will abide by the Company's policies and rules and standards of conduct. The Company's business needs may at times make the following conditions mandatory: overtime or a work schedule other than Monday through Friday. The Company retains sole discretion regarding the following types and terms and conditions of employment – promotion, demotion, transfers, work assignments, job duties/responsibilities, wage rates and benefits – or any other terms and conditions that the Company may determine to be necessary for the operation of its business. I understand and accept these as conditions of my employment.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

I acknowledge that this application will remain active for 90 days from this date. If I have not heard from LVK Health Care Staffing Services at the conclusion of this 90-day period, if I still wish to be considered for employment by LVK Health Care Staffing Services, it is my responsibility to complete a new application. If hired, I understand that this application becomes part of my official employment record.

SIGNATURE _____

PRINT NAME _____ DATE _____

EQUAL EMPLOYMENT OPPORTUNITY POLICY

LVK Health Care Staffing Services is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, marital status, disability or other classification protected by law. We assure you that your opportunity for employment with LVK Health Care Staffing Services depends solely on qualifications.

Thank you for completing this application form and for your interest in our Company.

